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A statement of policy and a definition of the functions and responsiblities in the special schools is presented. The goals of the services are to insure that each child shall make consistent and continuous progress toward his optimal health status and to provide for the safety, protection, and daily needs of these children. The importance of a close working relationship with the Bureau of Child Study and the Bureau of Medical and School Services is noted. Placement in a special school is highly selective and is only made when medical reports show that the child's special needs cannot be adequately met in a regular school. This placement continues only as long as his physical condition necessitates this care. Functions and responsibilities of the physical therapist and the teacher-nurse are discussed. A list of special forms used in the special schools is included.

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THE HEALTH PROGRAM IN THE SPECIAL SCHOOLS FOR PHYSICALLY HANDICAPPED CHILDREN

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THE HEALTH PROGRAM IN THE SPECIAL SCHOOLS FOR PHYSICALLY HANDICAPPED CHILDREN

A Statement of Policy and a Definition of Functions and Responsibilities

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of the
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Chicago, Illinois

BENJAMIN C. WILLIS
General Superintendent of Schools

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HEALTH, EDUCATION, AND WELFARE

BOARD OF EDUCATION
CITY OF CHICAGO

FOREWORD

Health of all children is one of the major concerns of all Chicago public schools. In a program for the education of physically handicapped children, the emphasis must be even greater.

The policies and procedures outlined in this handbook give evidence of the thoughtful appraisal of the needs and the careful provision of service characteristic of Chicago's programs for the handicapped.

The goal of the services herein described is not merely to provide for the safety, protection and daily needs of children with complex health problems but, more importantly, to insure that each child shall make consistent and continuous progress toward his optimal health status. We hope for every child, crippled or otherwise, the greatest measure of physical and mental health that is possible for him.

The policies outlined herein demonstrate the close cooperation of teachers, administrators, physical therapists, teacher nurses, and all the school services which contribute so much to a complete program for the education of the physically handicapped.

BENJAMIN C. WILLIS
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The 1958 edition was planned by a committee consisting of a principal of a special school for physically handicapped, a special committee of physical therapists representing all four of the special schools, the Supervisor of Health Service in the Bureau of Medical and School Health Services, the Director of the Bureau of Physically Handicapped Children, and the Assistant Superintendent in charge of Special Education.

Special recognition and appreciation are due to Miss Jean Roland, Physical Therapist at the Spalding Elementary School, and to Mrs. Madeline Roessler, Supervisor of Health Services in the Bureau of Medical and School Health Services, who assumed the major share of the preparation of the 1958 edition, in cooperation with the Director of the Bureau of Physically Handicapped Children. Miss Roland and Mrs. Roessler again shared with the Director the major responsibility for revision, in 1963, of the original 1958 edition.

This publication was prepared in the Bureau of Physically Handicapped Children under the supervision of Margaret Hall Powers, Director.

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I. GENERAL STATEMENT

The special schools for physically handicapped children are dedicated to perhaps an even higher degree than the other schools of the Chicago public school system to the optimal health development of every pupil. The principal, classroom teachers, adjustment teacher, physical therapists, teacher-nurse, speech therapist, and even attendants and other civil service personnel share in responsibility for the health and welfare of children in the school. Under the principal's guidance, all participate in advancing the safety, health, and general welfare of the physically handicapped child enrolled in the special school.

In the special schools, even more than in regular schools, there is need for close working relationships with the central offices of the Board of Education. The closest relationship is with the Department of Special Education, particularly the Bureau of Physically Handicapped Children. That Bureau has, among its responsibilities, that of determining elgibility and need for placement of a child in a special school for physically handicapped and of authorizing the child's return from special to regular school when this becomes feasible and desirable.

To assist the Director of the Bureau of Physically Handicapped Children in evaluating a child's need for special placement medical consultation service is available in the following specialties: asthma and allergy, cardiology, epilepsy and brain damage, ophthalmology, otology, pediatrics, physical medicine, and psychiatry. Some of the medical consultants are provided by the Bureau of Medical and School Health Services, some by health agencies in the community.

The special schools also have a close relationship with the Bureau of Child Study which supervises the work of the psychologist and adjustment teacher, and with the Bureau of Medical and School Health Services which supervises the work of the teacher nurse and provides hearing and vision conservation services.

It is the basic policy of the Bureau of Physically Handicapped Children to be highly selective in placing children in special schools. It is only when medical reports show evidence of disability or special needs which cannot be handled adequately in a regular elementary or high school that a permit is issued for a child's admission to a special school. Closely related to this policy is the policy of continuing a child in a special school only as long as his physical condition requires this degree of special protection and care. The services of a special school are not available for children whose disabilities are slight and who can be accommodated in regular schools with a few modifications of daily routine or management.

II. GENERAL HEALTH AND SAFETY PROGRAM

The principal and faculty have responsibility for many issues which affect the school in its entirety. Some schools may wish to organize a health planning committee to plan ways of meeting the following responsibilities:

Study and evaluate the total health program of the school in the light of generally accepted standards, identify strengths and weaknesses, and recommend needed changes and additions. This study would include school sanitation, safety or health hazards, and other matters related to the physical well-being of the children of the school.

Identify unmet health needs of the children of the school and study ways in which these can be met through existing school and community facilities.

Utilize the services of the various medical consultants in identifying health and safety problems existing in the school and in finding solutions to them.

Develop a plan for emergency care and first aid for pupils within the school. Specific assignments of responsibility should be agreed upon. The Emergency Care Flip Chart prepared for use in the Chicago public schools should form the basis for the care given, with modifications and additions required in the special school situation. Detailed procedures should be established for:

notification of parents

obtaining of immediate medical care

procedure if parents cannot be reached

transportation for pupils if parents are not available or do not have facilities

ready accessibility of adequate First Aid equipment to those responsible for giving First Aid

interpretation of First Aid measures, policies, and procedures to the teachers

investigation of and procedures for accidents and development of measures to prevent recurrences

interpretation to parents concerning the limits of the school's responsibility for their children and parents' own responsibility for follow-up care.

Develop with the teacher nurse a plan for immunization and control of communicable disease.

Develop a plan for the health education program of the school.

Study and plan means for increasing parents' awareness of and responsibility for the health of their individual children.

Study needed improvements for health and safety and make appropriate recommendations to the District Superintendent and Assistant Superintendent in charge of Special Education on budgetary matters.

Participate actively in informing the Chicago community about the services of the special schools and in securing the support of the community for these services.

III. HEALTH SUPERVISION OF THE INDIVIDUAL PUPIL

A. The Team Approach to the Problems of Individual Children

Each child in the special school is the specific concern of several professional people on the school staff. Team study and planning to meet each child's needs are essential in order to develop a well-balanced program for him. Although one staff member - either a physical therapist or a teacher-nurse - has the primary responsibility for each child's health supervision, total planning to meet all dimensions of his needs has to be done by a staff team. The team for each child will be a little different from the team for any other child. A child's team will include all persons who can contribute to a solution of his problems: the classroom teacher (who knows him best), the principal, his physical therapist, the teacher nurse, the adjustment teacher, the psychologist, the speech therapist (if he has a speech problem) and at times a bus attendant or other type of attendant.

B. Medical Consultants

Asthma and Allergy

All children with a diagnosis of asthma or allergy who are referred to the Bureau of Physically Handicapped Children for placement in special school are in turn referred to the Asthmatic Children's Aid Service Center for evaluation free of charge. The allergist who directs this center sees the child and his parents, confers with the private physician or clinic, and then writes a report to the Director, making recommendations concerning the need for special school placement.

Cases placed in special schools are reviewed periodically by the allergist upon referral by the teacher-nurse of the special school.

Cardiology

All cardiac cases referred for special school placement, with the exception of post rheumatic fever cases, are examined by the consulting cardiologist of the school system at a special facility known as the Board of Education Children's Cardiology Clinic at Cook County Hospital. Placement of the child in a special school and the subsequent follow-up of the case by the teacher-nurse depend

upon the cardiologist's recommendations. These cases are reviewed by the cardiologist at least once a year, oftener if necessary. Rheumatic fever cases are given placement without personal evaluation by the cardiologist for one semester. If the child is to remain longer in a special school, evaluation is made at the Cook County Clinic.

The cardiologist is available to the principals and faculties of the special schools for guidance on matters concerned with cardiac cases.

Epilepsy

The Board of Education provides the services of a consulting expert in epilepsy, who is on the staff of the Epilepsy Consultation Center at the University of Illinois Research and Educational Hospital. Of the many cases this consultant reviews throughout the entire school system, very few are considered in need of special school placement. Placement for this diagnosis alone is very selective and is made only after all other possibilities for medical and educational management have been explored.

Selected cases of epilepsy or brain damage are evaluated extensively in the Consultation Center itself before the consultant makes a recommendation about placement or management.

The consultant on epilepsy is available to the principals, the physical therapists, and other faculty members of the special schools for assistance with children in whom epilepsy is secondary to some other disability, such as cerebral palsy. Some cunsultation sessions are held in the special schools to facilitate this service.

Ophthalmology

A consulting ophthalmologist is provided to the Bureau of Physically Handicapped Children by the Illinois Society for the Prevention of Blindness. This consultant reviews with the staff all children referred for placement in classes for the partially seeing or blind. He is therefore involved at times with children in the special schools for physically handicapped who may have a vision problem in addition to their major physical problem.

Selected cases which present special problems of diagnosis and treatment may be seen by the consulting ophthalmologist in the clinic of the Illinois Eye and Ear Infirmary.

The ophthalmologist is also available to the principals and faculties of the special schools for assistance with any problem which concerns vision.

Otology

The Board of Education has a consulting otologist, who is on the staff of the Illinois Eye and Ear Infirmary. Through the Bureau of Medical and School Health Services his services are provided to the Bureau of Physically Handicapped Children. He reviews with the staff of the latter Bureau, and others involved, all cases referred for placement in a special class for deaf or hard of hearing. He participates in planning for the child's school placement and management, medically and educationally. The consulting otologist is involved at times with children in the special schools for physically handicapped who may have a problem of impaired hearing in addition to their major physical problem.

Selected cases which present special problems of diagnosis and treatment may be seen by the consulting otologist in the clinic of the Illinois Eye and Ear Infirmary.

The consulting otologist is also available to the principals and faculties of the special schools for assistance with any problem which concerns hearing.

Pediatrics

In selected cases where special problems exist in determining a child's eligibility for special school, the child can be referred for examination to the Medical Examining section of the Bureau of Medical and School Health Services. One of the staff pediatricians evaluates the child's need for special services and makes recommendations to the Director of the Bureau of Physically Handicapped Children.

Physical Medicine and Rehabilitation (Physiatry)

The consulting physiatrist of the Board of Education performs various services in relation to the Bureau of Physically Handicapped Children and in relation to the special schools for physically handicapped.

He spends a half day each week on school system services, his time being rotated among the four special schools. Cases are referred to him in the special schools for the following reasons.

1. Clarification of treatment orders is necessary. Problems may arise about the child's progress in therapy or his physical status in general.

2. Medical consultation is needed to implement the physical therapy program for a child, including guidance on problems of appliances used.

3. The child appears to the school staff to be ready for transfer to a regular school (either prior to or after the

referring physician has made such recommendation).

4. Terminal evaluation of graduating pupils, or those whose attendance is being terminated for any reason, is recommended.

5. Initial evaluation of newly admitted children is recommended to the extent feasible.

6. Medical evaluation is required to assist in the solution of miscellaneous problems.

Occasional cases of doubtful eligibility for a special school are referred by the Director of the Bureau of Physically Handicapped Children to an "Admissions Clinic" facility, where the child is evaluated by a physical therapist and then by the consulting physiatrist. These evaluations assist in determining the best school placement for a child. The "Admissions Clinic" is held at Spalding School but the same type of evaluation for admission is occasionally arranged at the other three schools as well.

The consulting physiatrist is available for in-service training of the physical therapists and is available to the principals and faculties of the special schools on matters relevant to his speciality.

Psychiatry

The Medical Examining section of the Bureau of Medical and School Health Services makes available the services of staff psychiatrists for evaluation of children referred by the special schools or by the Bureau of Physically Handicapped Children.

C. Primary Responsibility for Health Supervision

Under the general direction of the principal, primary responsibility for the health supervision of an individual pupil should center in one person--either a physical therapist or a teacher-nurse--since these two kinds of personnel have medically-oriented training. All members of the child's health team contribute to understanding and planning for the child, but one person assumes full responsibility for carrying out the plan and maintaining continuing supervision of the child's health and physical well-being.

Initial assignment of a child to either a physical therapist or a teacher-nurse will be made prior to the child's admission to school by the Director of the Bureau of Physically Handicapped Children when the permit for admission is issued. In the light of the information submitted by a physician or clinic in referring a child for special school placement, the Director will attempt to determine which service--physical therapy

or teacher-nurse service--can most logically assume the primary responsibility. The permit will include the notation "Attention: Physical Therapist" or "Attention: Teacher Nurse."

When the child is brought to the special school for registration by his parents, they are referred to the indicated person for an enrollment interview.

After a child has become known to his health team at school, a change in assignment of primary responsibility may be found desirable in some cases and can be made with full understanding and agreement of the members of the health team.

Differentiation of Primary Responsibility for Health Supervision

The following types of cases will be assigned to a physical therapist:

all cases where physical therapy is prescribed by the referring physician

all cases with orthopedic or neuro-muscular involvement, whether or not physical therapy is ordered

cases wearing upper or lower extremity prostheses or using any type of orthopedic mechanical aid

hemophiliacs, since joint damage or limitation of motion often results from hemorrhage.

The following types of cases will be assigned to a teacher-nurse:

all cardiac cases, where the cardiac problem is the major one

special health problems such as nephrosis, asthma, etc.

epilepsy cases without other disability.

The differentiation stated above means only that the indicated person assumes primary responsibility for a case. In many cases, both a physical therapist and a teacher nurse will be involved actively. Each should feel free to consult the other or ask for help in solving a health problem. Cerebral palsied children with epilepsy or with cardiac problems, for example, will usually require the close cooperation of both services.

D. Admission Duties of the Physical Therapist or Teacher-Nurse Primarily Responsible for Health Supervision

1. When a parent brings her child to school for registration, she is usually received by the principal or assistant principal who

starts the registration. When this part of the registration is completed, the parent and child are sent on to the person (physical therapist or teacher nurse) designated on the permit as primarily responsible, for an enrollment interview. All medical forms or other reports concerning the child which accompanied the permit (PHC 12, PHC 50, PHC 75, HS 101, HS 102, etc.) are also sent on to the PT or TN.

2. The PT or TN will review with the parent the information on the admission form (PHC 6) and will secure more complete information when necessary. She will explain the services of the school to the parent and child, relating these services particularly to the child's specific disability. Routines for visits to private physicians or clinics are explained to the parent, and the date of the child's next appointment with physician or clinic is recorded.

3. Registration with the PT or TN will include:

   a. Completion of form PHC 6. Information is filled in on history, seizures, medication, dosage, operations, previous treatment, etc. Medication may not be given in school unless written, signed orders from the physician are submitted, including instructions, type of medication, dosage, and time to be administered. Parent will be notified at this time that medication cannot be given at school until these orders are on file. A clerk completes the other portion of the record.

   b. Completion of parent signature card (PHC 8) and Emergency Information Form (PHC 9).

   c. A check to determine whether the required medical form (HS 101) and dental form (HS 102) have been submitted in cases where the child is entering a Chicago public school for the first time or is entering the fifth or ninth grades or an EMH class. The PT or TN should give these forms to the parent and later follow up to insure their return.

4. The PT or TN will supervise the clerk in the duties listed below.

   a. The clerk sets up a sheet for running record, with admission note.

   b. The clerk sets up the <u>Physical Record Folder</u> enclosing the following records:

PHC 6	Parent's signature card (PHC 8)
PHC 12, 50, or 75	Emergency Information Form (PHC 9)
PHC 10, (Permit for registration)	Progress Record (PHC 3) for PT cases
Sheet for running record with admission note	

c. The clerk sets up the Cumulative Health Folder (HS 100). It is suggested that initially the name be inserted in pencil. In some cases, where a pupil enters the school by transfer from another Chicago public school, the HS 100 is forwarded through the school mail and may arrive after the child's registration.

   The clerk sets up the identifying information on page 2.

   Medical form (HS 101) and dental form (HS 102) are filed inside HS 100.

d. The clerk completes identifying and other information on Report of Visit to Physician or Clinic (PHC 16) for first visit to physician or clinic after admission, and Verification of Appointment with Physician or Clinic (PHC 17). These slips are filed according to the system current in the individual school.

e. The clerk completes the Treatment Record Card (PHC 2) for the PT's or TN's personal file of cases.

f. The clerk completes duplicate copy of Treatment Record Card (PHC 2) for TN cases and attaches red flag, for reference in emergency. This card will be forwarded to the PT assigned to the child's room. It will be kept in the PT's file of cases and thus be available for instructions for care of the child in an emergency situation in which the TN is not in the building.

g. The clerk completes the 4 x 6 card for Treatment Center file of all children enrolled in the school.

h. The clerk sets up outer file folder to enclose all physical records for child. These folders are kept in the Treatment Center. The outer file folder encloses:

   The Physical Record Folder (described under 4-b above)

   Cumulative Health Folder (HS 100, described in 4-c above).

i. The teacher nurse follow-up folder is filed separately from the Physical Record Folder and Cumulative Health Folder but is available to school personnel for review.

The physical records of all children in the school shall be accumulated into one folder, and this folder shall be on file in the Treatment Center. All members of the school staff are free to refer to these records as necessary.

If for any reason a record is removed from the outer file folder, a loan slip should be inserted, giving name of person who took

the record and date taken.

5. The PT or TN responsible for the child makes certain that the clerk sets up the card Physical Record for Classroom (PHC 11) for elementary school students or Physical Record for High School Student, inserting identifying information, major disability, and other physical defects.

   In the elementary school, the PT or TN completes this card (in pencil) and sends it to the classroom teacher, after scheduling the day and hour for treatment and arranging for wheel chairs, diet, etc., if requested by the child's physician.

   In the high school, the PT or TN completes the card (in pencil) and sends it to the high school office after scheduling the day and hour for treatment and arranging for wheel chairs, diet, etc., if requested by child's physician. The high school office will compile the Special Services List from these cards and then forward them to the adjustment office where they will be available to all teachers for reference.

   At the close of each semester, these cards (both elementary and high school) are returned to the PT or TN responsible for the child's supervision, and changes are noted on the cards.

   At the beginning of the new semester, the cards are returned to the classroom teacher or high school office, after time schedule for physical therapy, observation, recreational swimming, etc. has been entered and special recommendations to the teacher have been added. During the semester, any changes in schedule or recommendation should be noted and called to the attention of the teacher.

   It is requested that Burbank, Christopher and Neil schools forward to Spalding the Physical Record for High School Student cards for those students who will be graduating and who will be attending Spalding High School. These cards should be forwarded by the tenth week of the student's 8A semester to facilitate programming and to arrange equipment for the student entering Spalding High School.

6. The PT or TN responsible for the child takes the initiative in routing medical or social agency reports on the child (other than minor, routine ones)--whether received with the permit or received at any later time--to all members of the child's health team. It is suggested that a routing slip be prepared and attached to the report, with the child's name at the top and a list of personnel arranged vertically below, numbering the names to indicate the order in which the report should be circulated. As each person sees the report, he initials it and forwards it promptly to the next person. The last to read it will return it to the Treatment Center to be filed in the child's

folder. The following persons should see all reports: principal, assistant principal, adjustment teacher, child's classroom teacher, TN, child's PT. Others who should see a child's reports will vary from case to case. In putting the report into circulation, the PT or TN should check the names of those persons, such as the psychologist or speech therapist, who might have an interest in seeing the report.

E. Continuing Duties of Person Primarily Responsible for Child's Health Supervision

The person primarily responsible for supervision of the child's health will perform the following duti s on a continuing basis:

1. Keep child's health record current and complete, including follow-up to secure the HS 101 and HS 102 forms, if these are not on file.

2. Continue supervision of child's health and physical well-being in the school and of his medical care from private physician or clinic.

3. Seek assistance from any member of the school staff in meeting specific needs or in solving problems. For example, a PT might request a home visit on one of her cases by the TN, submitting the request on a HS 104 form to the principal for approval. A special evaluation by the speech therapist or by the psychologist might be requested.

4. Refer cases for evaluation if needed to one or more of the medical consultants (See III-B above.)

5. Maintain contact with the parents to interpret child's health needs and status and assist parents in carrying out any care required at home.

6. Keep other members of child's health team informed of any changes in child's condition or in care needed at school.

7. Confer with classroom teacher and others who have opportunities to observe the child, in order to secure obervations concerining academic progress, social adjustment, or behavior which may be pertinent to the child's health.

8. Take initiative in arranging case staffing of child for purposes of team evaluation of needs and planning for further care, when such staffing seems desirable.

9. Take the initiative for the cases on her roster in sending interim medical forms (PHC 13) systematically to parents for completion by the child's physician or clinic at one-year

intervals, or at shorter intervals in special cases.

10. Take the initiative for the cases on her roster in securing interim medical reports. Cardiac report blanks (PHC 50, stamped "Interim" at the top) are sent out by the TN at least once a year; oftener if requested by the consulting cardiologist.

11. Be responsible for the health supervision of a child, in cooperation with others in the school staff, noting a child's physical readiness for return to regular grades. Such a case should be referred to the child's physician or clinic, together with a statement of observations of the child on the part of appropriate staff members. Such observations should be designed to be of assistance to the physician in evaluating his patient's status in relation to the issue of transfer.

    If the physician recommends return to regular school, the physical therapist or teacher nurse then requests a staff conference to bring together the various opinions of the members of the child's health team and to develop a well considered plan and recommendation in regard to transfer to a regular school. The opinion of the appropriate medical consultant is also requested. If the consensus is that transfer to regular school is desirable, the principal notifies the Director of the Bureau of Physically Handicapped Children who issues an authorization to transfer the child.

IV. CASE STAFFING

The study of a child from all aspects and the planning of a program which will meet all of his needs--physical, social, educational, emotional--can be accomplished best through face-to-face discussion by the members of the child's health team. Although every child, ideally, should be considered at a staff conference every year or even every semester, such a program of case staffing would be prohibitively time-consuming, in view of the mujber of children who are enrolled in each of the special schools. However, some plan should be developed in every school for the systematic "staffing" of at least certain children.

Which Children Should Be "Staffed"?

In planning case staffings, special attention should be given to the following:

every child who is being considered for return to a regular school

every child who is under consideration to excuse from school attendance

every child who is presenting a special problem of any type--physical, educational, behavioral--such as slow-learning overage pupils

to the extent that staff time permits, every new entrant, during his first semester in the school

every 8A student, early enough in the 8A semester to allow time for planning his post-elementary program

every 12B student, early in the semester, for guidance and post-graduation planning.

Who Should Be Present at the Staffing?

In every case, the following personnel should be present: the principal or the assistant principal; the classroom teacher; the adjustment teacher; the physical therapist.

If appropriate, the following should be present: the speech therapist, if the child is receiving speech therapy; the psychologist, other members of the school staff.

If special and complex problems exist, the following might be involved occasionally: the appropriate medical consultant; the Director of the Bureau of Physically Handicapped Children; a caseworker from a clinic or agency, if currently actively involved in the case.

Organization of Case Staffings

Case staff conferences should be held ideally at regular, specific times and scheduled ahead for the whole semester. It is suggested that the principal, several days in advance of a staff meeting, list for all members of the staff concerned the names of the specific children who will be "staffed". This will give each staff member an opportunity to organize his observations and information about each case.

The case list for each staff conference should be limited according to some practicable plan so that a minimum number of people will need to be involved at any one time. For example, staffings for a given day might be limited to such groups as the following: cardiac cases in nursery, kindergarten, and primary grades; new entrants in nursery through grade one; cerebral palsy cases with epilepsy, educable mentally handicapped group; 8A class; etc. By grouping cases it is likely that no more than one classroom teacher and one physical therapist would need to be present at one time. Most staff conferences should not involve more than five or six people at one time.

Procedure at a Case Conference

The principal will usually wish to act as chairman, although he may at times want to delegate this responsibility to someone else, usually the assistant principal. Staffing of a case can be done rapidly, yet adequately and thoroughly, if the chairman insists that everyone be brief and relevant in presenting his remarks. Discussion should not get off the track or become merely anecdotal or gossipy.

Discussion should be limited to one case at a time, proceeding down the list scheduled for that day's staffing.

For each case, the following orderly procedure would be helpful, would expedite discussion and would insure that no area of observation is overlooked.

The chairman announces the name of the child to be discussed.

The PT or TN responsible for the health supervision of the case summarizes the health history and presents status, including family information.

The classroom teacher gives observations.

The adjustment teacher and/or psychologist summarize psychological and educational data.

Other individuals present contribute information and evaluation.

The chairman summarizes the proposed plan, listing recommendations agreed upon by the staff group and indicating which person will be responsible for the execution of each recommendation.

It will be possible to staff some cases very rapidly; others will require extended discussion.

The principal should arrange to have staff notes recorded, either by a participating member or by a stenographer. These notes, particularly the recommendations, should later be typed in summary form. Copies should be distributed to each involved staff member. In special problem cases or in all cases where transfer to a regular school is considered, regardless of final decision, a copy should also be sent to the Director of the Bureau of Physically Handicapped Children, attaching medical consultation notes, when a medical consultant has seen the child.

V. ADMISSION, TRANSFER, AND TERMINATION POLICIES AND PROCEDURES

A. Admission

All referrals for placement in a special school for physically handicapped children are directed to the Bureau of Physically Handicapped Children. Referrals come from clinics, private physicians, social agencies, parents, school personnel and others. In all cases a medical report is required on one of the Bureau's own forms: PHC 12 for orthopedic or neurological cases; PHC for cardiac or other health cases. Clinics often submit additional reports of their own and are encouraged to do so. The major clinics keep supplies of these forms in their files to facilitate referral.

The Director reviews the PHC 12 forms and can usually make a decision from the information on the form regarding the child's eligibility and need for special school. Doubtful cases are referred for direct evaluation at the Admissions Clinic described below.

Cardiac cases are referred to the consulting cardiologist of the school system for review and evaluation, which is usually direct (See III - B above).

Asthma and allergy cases are referred to the consulting allergist of the school system for evaluation, usually direct (See III - B above).

Epilepsy cases without other disability are usually referred through the Bureau of Medical and School Health Services, where they have already been evaluated by the consultant on epilepsy.

When a child's eligibility for special school has been determined by one of the above means, the Director of the Bureau of Physically Handicapped Children issues a permit for his admission, indicating on the permit "Attention: physical therapist" or "Attention: teacher nurse" as is appropriate (See III-C above). The original of the permit is sent to the parents and copies to the Bureau of Medical and School Health Services, to the referring physician or clinic and to any other social or medical agency or person immediately concerned.

Admissions Clinic

When the information on the medical application form for admission to a special school (PHC 12) or a Functional Capacities Test (TN 93), done by

a teacher nurse in a regular school, indicates that there is questionable or marginal need for admission of a child to a school for physically handicapped children the Director of the Bureau of Physically Handicapped Children may refer a child to an Admissions Clinic held at Spalding School or occasionally at one of the other special schools.

The physical therapist assigned by the principal to the Admissions Clinic procedure administers an Activities of Daily Living Test (PHC 20) and other tests of physical disability if required. After these tests are administered, the child is evaluated by the Consultant in Physical Medicine. Informal discussion then takes place among those who have evaluated or observed the child, usually including the principal and the Director of the Bureau of Physically Handicapped Children. Recommendations are made by this group concerning optimum school placement and a conference is held with the parents to interpret these recommendations and answer the parents' questions. Reports, discussion notes, and recommendations are forwarded to the Bureau of Physically Handicapped Children. If admission to a special school has been recommended at the Admissions Clinic, a permit is issued. If not, other follow-up action is taken as required and the case is closed.

B. Transfer to Regular School

Policy

It is a basic policy in the program for physically handicapped children to return a child from special to regular school as soon as the child is medically and educationally ready for this adjustment. The policy regarding transfer to regular school must be realistic and flexible and must take into consideration such factors as multiple handicaps, special problems of distance to school, architectural barriers within the child's particular neighborhood school, optimum time for transfer and other factors affecting his successful adjustment to a regular school.

Ideally, all persons concerned with the child--the parents, the child himself, the referring physician, the school staff and the appropriate school medical consultant--should agree regarding a child's readiness to transfer to a regular school. However, in cases where a difference of opinion exists between school system personnel and the parents and/or private physician, it must be remembered that the school system itself reserves the right to determine a child's school placement. Final decision on placement is educational rather than medical, although medical factors are always considered.

Transfer Procedures for Cases Assigned to Physical Therapists

Children should be evaluated for transfer to regular school when they have reached physical readiness at any grade level. Special attention should be given to this issue during the final semester of eighth grade.

Upon receipt of a written recommendation from the referring physician to transfer a child to regular school, the physical therapist responsible for the health supervision of the child will request a faculty staffing for consideration of the recommendation by the members of the faculty concerned. The child is then scheduled for evaluation by the appropriate medical consultant.

In some instances, a faculty staffing recommending transfer to regular school may be held before the referring physician makes such a recommendation. In such cases the physical therapist will send a copy of the staffing notes to the physician at the child's next appointment and a request for the physician's opinion concerning the child's readiness to transfer to a regular school. The child is then scheduled for review by the appropriate medical consultant.

In some cases the medical consultant's recommendation for transfer may precede faculty staffing or recommendation from the referring physician. The opinion of the medical consultant should be made known to the referring physician and faculty concerned, at the case staffing which follows.

When opinions on the child's readiness to return to regular school have been reached by the referring physician, the school staff, and the medical consultant, the Director of the Bureau of Physically Handicapped Children is informed and is sent a copy of faculty staffing notes and other pertinent information. The Director then issues an authorization to transfer the child to a regular school (PHC 304) and sends a copy of the authorization to the child's physician or clinic.

When the special school receives the authorization to transfer the child, the physical therapist prepares the following for the receiving (regular) school:

transfer report (as per instructions on form PHC 15)
Physical Record Folder (PHC 18)
Cumulative Health Folder (HS 100).

Transfer Procedures for Cases Assigned to Teacher-Nurses

Most of the procedures described above for physical therapists apply to the teacher-nurses as well. In addition, the teacher-nurse of the special school prior to the child's transfer makes

a summary statement of her work on the case, adds this to the Teacher Nurse Follow-Up Folder and sends this folder directly to the teacher nurse assigned to the regular school to which the child is being transferred.

VI. FUNCTIONS AND RESPONSIBILITIES OF THE PHYSICAL THERAPIST

The physical therapist assigned to a specific school for physically handicapped children carries out his or her specific duties and responsibilities under the direction of the principal and in cooperation with the Bureau of Physically Handicapped Children and the Consultant in Physical Medicine.

A. Each physical therapist assumes primary responsibility for a specific roster of cases. The allocation of cases among the several physical therapists is made by the principal and the chairman of the physical therapy staff in each school.

B. Of a physical therapist's specific roster of cases, some require active physical therapy and some require only observation and general supervision (See III-C above).

The physical therapist has the following specific duties and responsibilities for each of these cases:

1. Carry out admission duties and routines (See III-D).

2. Administer treatment to children as prescribed by their physicians and administer tests and measurements as needed. The techniques of physical therapy include: (a) the application of exercise, heat, cold, water, light, and massage; and (b) the administration of tests and measurements, such as Activities of Daily Living tests, muscle tests, joint range of motion tests, and functional activity tests.

3. Teach and demonstrate physical therapy procedures to patients and family members. This "therapeutic teaching" is an important duty growing out of the primary one of administering treatments. A patient or family member or both often must be given oral and written instructions concerning physical therapy procedures and supportive activities to be carried out to make the program continuous and consistent and to supplement what can be given at school.

4. Maintain appropriate physical therapy records including:

   a. Recommendations for admission and prescription for treatment from physician

b. Admission Record (PHC 6)

c. Daily record of treatment given

d. Running physical record, by date, which includes

admission note including: referring clinic or physician, physical therapy orders, orders for other special services and any special recommendations from the Director of the Bureau of Physically Handicapped Children which are noted on the permit.
record of visit to physician, brace shop, etc.
receipt of interim reports and recommendations
results and recommendations of vision or hearing screening and psychological examinations
staffing notes
medical consultation notes
hospitalization and discharge note
surgical and medical information
report of communicable diseases
any other pertinent information
final note on disposition of case

e. Progress Reports (PHC 3) including initial evaluation

f. Muscle test charts

g. Joint range of motion charts)

h. Resistive exercise chart

i. Therapeutic exercise chart

j. A.D.L. Test (PHC 20)

k. Clinic slips and/or Report of Visit to Physician (PHC 16)

l. Interim Reports (PHC 13)

m. Post Surgical/Hospital Reports (PHC 14b)

n. Staffing Report

o. Medical Consultation Notes (PHC 301)

p. Transfer Report (PHC 15)

5. Contact and confer with parents with regard to:

a. progress or lack of progress of child in treatment program

b. instruction in supplementary therapeutic measures to include

explanation of the aims and importance of physical therapy
teaching of techniques of specific muscle education to enable parent to supplement the therapy given at school, if required
attempts to establish a parental relationship which will permit the child to function as an independent and active participant in his growth and daily activities rather than as a passive spectator.

6. Confer with physicians and/or clinics by telephone, by correspondence or in person:

   a. For clarification of orders if there is question.

   b. With regard to progress or lack of progress of patient in treatment program.

   c. By means of interim report blank (PHC 13) sent at yearly intervals for all cases on her roster.

   d. By means of Post Surgical/Hospital Report sent with covering letter (PHC 14a and PHC 14b) to parent when child is hospitalized.

7. Make referrals to Physical Medicine Consultant in cases as defined in Section III-B.

8. Confer with other members of the school staff, including

   a. The teacher--to correlate work of physical therapist with teacher; to provide teacher with necessary information about the child's physical abilities, disabilities, limitations, adjustments necessary.

   b. The speech therapist--to coordinate therapies.

   c. The psychologist--to correlate aims of treatment with capabilities or limitations.

   d. The teacher nurse--to coordinate services on matters of general physical health, home calls, referral to medical consultants, etc.

   e. All personnel involved with child, in case conference--to aid in solving problems.

9. Take initiative in arranging case staffing of children under her care when such staffing seems desirable in making plans for children.

10. Train and assist in self-feeding of children in lunchroom as a therapeutic procedure.

11. Be responsible for maintaining equipment and requesting order of new equipment as needed (wheelchair tables, walkers, physical therapy department equipment.)

12. Be responsible for the management of orthopedic equipment for her patients (special desk arrangements, walkers, crutches, wheelchairs and table, special bus seating equipment, etc.)

13. Be responsible for emergency care of children who are on her roster and also of children from the same classroom who are on the TN's roster, if the TN is not in the building.

14. Instruct and direct crippled children's attendants in:

    a. Proper handling of children when moving them into or out of wheelchair, seat, pool, treatment table, etc.

    b. Removing or applying braces or appliances before or after treatment, swimming, etc.

    c. Safety precautions to be taken in handling children.

C. The physical therapist is responsible for maintaining department and school reports as required.

D. The physical therapist is responsible for performing those general school duties required of all professional school personnel through assignment by the principal.

E. The physical therapist seeks opportunities for professional growth.

VII. FUNCTIONS AND RESPONSIBILITIES OF THE TEACHER-NURSE

The teacher nurse assigned to a specific school for physically handicapped children carries out her specific duties and responsibilities under the direction of the principal and under the supervision of the Bureau of Medical and School Health Services in accordance with established policies.

A. The teacher nurse assumes primary responsibility for the health supervision of a specific roster of cases (See III-C above). For each case on her roster the teacher-nurse has the following specific responsibilities:

1. Carry out admission duties and routines (See III-D above).

2. Maintain child's health record, keeping it complete and current.

3. Continue supervision of child's health and well-being in the school.

4. Give emergency care to children on her roster when she is in the building.

5. See that the child remains under the medical supervision of his physician or clinic. This includes responsibility for arranging clinic visits and securing reports of these visits.

6. Maintain contact with the parents to interpret child's health needs and to assist parents in giving child appropriate care at home. Makes home visits when necessary to secure information and to assist parents.

7. Work closely with the consulting cardiologist in the central office, carrying out his recommendations on children and following up as needed. She uses the Teacher Nurse Cardiac Report (HS 111) and Physician's Cardiac Report (HS 121) in following up. Takes initiative in referring children to consulting cardiologist for review when this seems necessary.

8. Take initiative in referring children to consultant on epilepsy and to consultant on asthma and allergy for periodic re-evaluation. This would include cases for which a PT has primary responsibility, when a multiple problem exists.

9. Keep other members of the child's health team informed about child's health and needs within the school.

10. Take initiative in arranging case staffing of children under her care when such staffing seems desirable in making further plans for children. Arrange with cardiologist to be present for some staffings.

B. The teacher nurse has certain specific health responsibilities for all pupils in the school, as follows:

1. Vision screening

The teacher nurse makes plans with the principal for the annual vision screening carried out by the Hearing and Vision Conservation staff, including arranging for a suitable room for testing, lay volunteer help and adequate supplies.

The TN plans with classroom teachers and physical therapists for the preparation of pupils for testing, including the drill with the Snellen E. model.

The TN is responsible for seeing that a clerk provides the Vision Testers with health folders for recording but the Vision Testers do the recording.

The TN is responsible for follow-up parent conferences (consults with PT if PT has primary responsibility for the case), and for sending summary of conference to Hearing and Vision Conservation staff within three months.

The TN reviews vision reports (HS 122 and HS 123) that are returned to the school, routes them to members of the child's health team and files in his Cumulative Health Record Folder.

The TN follows up if parents do not carry out plans made at time of parent conference.

The TN tests pupils referred by members of school staff between periodic vision screenings, using translucent eye chart, and makes appropriate plans for them.

2. Hearing Screening

The TN is contacted by Hearing Conservation staff prior to time for screening program and is responsible for arranging with the principal the dates for the screening, rooms for testing, lay volunteer help, conferences and plans for follow-up.

The TN sees that a clerk provides the Hearing Testers with health folders for recording.

The TN contacts parents of pupils to be invited to otological clinic, which follows the screening. She explains purpose of referral, obtains the health history (HS 4) and gives appointments for the clinic. In cases which are under the care of a PT, the TN consults with PT in carrying out these responsibilities, TN arranges with principal for the necessary rooms and equipment for the otological clinic.

The TN interprets findings of the otologist to parents and assists in making plans for medical and/or otological care as indicated. Otological reports are forwarded to the TN so that recommendations for medical care, special seating, etc. can be carried out. TN routes the report to all members of child's health team and then files it in his health folder.

The TN continues to observe and to confer with teachers about pupils with bilateral hearing loss and borderline hearing problems and reports any problems needing follow-up to Hearing Conservation staff.

Between regular screening programs, the TN accepts referrals from any member of the school faculty of pupils suspected of having a hearing loss. She refers child to the Hearing Conservation staff for an audiometric examination.

3. Epilepsy Cases

The teacher nurse cooperates especially in the study of and planning for children with epilepsy. In cases where epilepsy is the sole problem the TN assumes full responsibility. In cases under a PT's supervision, where epilepsy is secondary to another physical problem, the TN consults with the PT responsible for the case. The TN may refer the case for review and recommendations to the medical consultant on epilepsy in the central office, using Teacher Nurse's Epilepsy Report (HS 113), Physician's Report on Child with Epilepsy (PHC 75) and HS 110-C when indicated. One copy of the TN's report is filed in the school and one sent to the Bureau of Physically Handicapped Children. Notes on consultation with the epilepsy consultant are sent to the school and to the Bureau of Physically Handicapped Children.

4. Follow-Up of Referrals

The teacher nurse accepts referrals of children from the principal on the initiative of any member of the school staff or from the Bureau of Physically Handicapped Children whenever her particular professional knowledge and type of service can be of help. Home visits by the teacher nurse are often valuable in supplementing information about the child and in assisting parents to understand and carry out needed care. PT's may often wish to refer cases for

which they have primary responsibility for health supervision to the TN for consultation and assistance in follow-up.

5. Participation in Overall Planning

The teacher nurse assists the principal actively in planning the health program of the school. Among her special responsibilities are the following:

a. Health appraisal (See B-1 and 2, above).

b. Control of communicable diseases. The TN assists the principal in establishing a plan for carrying out the immunization program. Until standard procedures for immunization programs are established by the Chicago Board of Health, the TN will follow instructions given when the school is alerted for an immunization program. The TN is responsible for the distribution of immunization cards, usually through the classroom teacher.

c. Emergency care. TN assists the principal in establishing procedures on the various aspects of emergency care.

d. Maintenance of adequate health records.

6. The TN seeks opportunities for professional growth.

APPENDIX

LIST OF SPECIAL FORMS USED IN THE SCHOOLS FOR PHYSICALLY HANDICAPPED CHILDREN

Used and Issued by the Bureau of Physically Handicapped Children

Form number	Form title
PHC 10	Permit for Placement in Special School
PHC 12	Physician's Report on Physically Handicapped Child
PHC 50	Physician's Cardiac Report on Applicant for Special Education
PHC 300	Office Memo on Case
PHC 301	Medical Consultation Notes
PHC 303	Admission Report Slip
PHC 304	Notification to Transfer Child to Regular School

Used by the Schools for Physically Handicapped Children but Issued by the Bureau of Physically Handicapped Children

PHC 1	Route Slip
PHC 2	Treatment Record Card
PHC 3	Physical Therapy Progress Record
PHC 6	Admission Record for Child Enrolled in School for Physically Handicapped
PHC 8	Parent Signature Card
PHC 9	Emergency Information Form
PHC 11	Physical Record for Classroom
PHC 13	Physician's Interim Report on Physically Handicapped Child
PHC 14a	Post Surgical and/or Hospital Report
PHC 14b	Letter to Parents (to accompany 14a)

PHC 15 Transfer Report (when child transfers to a regular school)

PHC 16 Report of Visit to Physician or Clinic

PHC 17 Verification of Appointment with Physician or Clinic

PHC 18 Physical Record Folder

PHC 20 Activities of Daily Living Test

PHC 50 Physician's Cardiac Report on Applicant for Special Education (for interim reports)

PHC 301 Medical Consultation Notes

Issued by the Division of Supplies

PHC 100 Request to Excuse from School Physically Handicapped Children

Spec.Ed.101 Transportation Agreement